PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Whole the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE 09/777,274 Application Number TRANSMITTAL 2/5/2001 Filing Date **FORM** First Named Inventor Jean Paul Marcade Art Unit 3738 **David Willse Examiner Name** (to be used for all correspondence after initial filing) 10 ENDOV-54735 Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Amendment / Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request identify below): Postcard; Request for Oral Hearing **Express Abandonment Request** Request for Refund CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ **CUSTOMER NO. 24201** Incomplete Application

	SIGNATURE OF APPLICANT, AT	TORNEY, OR AGENT	<u> </u>	
Firm Name	FULWIDER PATTON LLP			
Signature	Jorv. Hy			
Printed name	John V. Hanley			
Date	July 21, 2006	Reg. No.	38,171	

Reply to Missing Parts under 37 CFR 1.52 or 1.53

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John V. Hanley

Date

July 21, 2006

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Fees pursuant to the Consolida	AFR				Complet	e if Known	
				Application Number	09/777,	274	
FEE TRA	NSI	MITT	AL	Filing Date	2/5/200	1	
for F	/ 200	16		First Named Inventor	Jean Pa	ul Marcade	
		· · · · · · · · · · · · · · · · · · ·		Examiner Name	David F	I. Willse	
Applicant claims small e	ntity status.	See 37 CFR	1.27	Art Unit	3738		
TOTAL AMOUNT OF PA	AYMENT	(\$) \$1	,000.00	Attorney Docket No.	ENDO	V-54735	
METHOD OF PAYMEN	T (check al	I that apply)		441			
Check Credit C	ard	Money Order	☐ Non	e Other (pleas	se identify):		
Deposit Account Depo	sit Account	Number:	06-2425	Deposit Accou	nt Name:	Fulwide	r Patton LLP
For the above-identified d	eposit accou	unt, the Director	is hereby au	thorized to: (check all that	apply)		
☐ Charge fe	e(s) indicate	ed below		Charge fee(s	s) indicated	below, except for	the filing fee
Charge a	ny additional	fee(s) or any un 1.16 and 1.17	derpayment	s of Credit any o	erpayments	S	
WARNING: Information on to card information and authori	his form ma	ay become pub	olic. Credit	card information should	not be inc	cluded on this f	orm. Provide credit
FEE CALCULATION (A	II the fee	s below are	due upo	n filing or may be s	subject t	o a surcharg	ge.)
1. BASIC FILING, SEARC					*		
·	FILING		SEAR	CH FEES	EXAMINA	TION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid(\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (includi	ng Reissue	s)				50	25
Each independent claim over	r 3 (includi	ng Reissues)				200	100
Multiple dependent claims						360	180
							ependent Claims
Total Claims	Extra Clair			Fee Paid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)
20 or HP = HP = highest number of total c	aime naid fo	X r_if greater than	\$50.00 :	=\$0.00		-	
Indep. Claims	Extra Clair	_		Fee Paid (\$)			
3 or HP =			<u> 200.00</u> :	= \$0.00			
HP = highest number of indepe 3. APPLICATION SIZE FE		s paid for, if grea	iter than 3.				
If the specification and draw CFR 1.52(e)), the applicatio U.S.C. 41(a)(1)(G) and 37 (ings exceed n size fee d	ue is \$250 (\$1)	f paper (exc 25 for smal	cluding electronically file Il entity) for each addition	d sequence nal 50 shee	e or computer li ets or fraction th	isting under 37 nereof. See 35
Total Sheets	Extra Sh		Number of e	each additional 50 or frac			Fee Paid (\$)
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4. OTHER FEE(S)	0120 face	ma amali antik	dioac :=+\				Fee Paid (\$)
Non-English specification, Other (e.g., late filing surcha		(no small entity juest for Oral I					\$1,000.00
SUBMITTED BY							

SUBMITTED BY Signature	mr. the	Registration No. (Attorney/Agent)	38,171	Telephone	310-824-5555
Name (Print/Type)	John V. Hanley			Date	7/21/2006

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